

California Child and Family Services Review

System Improvement Plan

**Kern County
September 2004**

Executive Summary

Assembly Bill 636 established a new Child Welfare Outcomes and Accountability system which replaced the former Child Welfare Services compliance audits. The California Department of Social Services developed the California Child and Family Services Review (C-CSFR) to promote improved Child Welfare Services outcomes for our state's children and families. The C-CSFR was a central feature of California's State Program Improvement Plan submitted to the federal government.

Outcome measures were developed to indicate how each county Child Welfare program in California is performing. These outcome measures were used by each county as a baseline for discussion and understanding in the County Self-Assessment process. The conclusions from the Self-Assessment serve as a basis for the County's System Improvement Plan.

The Self-Assessment of Kern's Child Welfare Services program was completed in June 2004 after meeting with a community workgroup for several months. The Self-Assessment community workgroup was composed of more than 40 representatives from numerous community organizations, agencies, political offices, foster parents, foster youth, and parents. There was consistent attendance from 20-30 each meeting. This community group discussed the outcome measures and Kern's performance on the measures. Measures Kern is performing well on were identified and those measures where Kern needs to improve performance were identified. Those measures are: Recurrence of Maltreatment – two separate measures, Timely Social Worker Visits with Child, Stability of Foster Care Placement, Rate of Foster Care Re-entry, and also included is data entry into the Child Welfare Services/Case Management System as a strategy component.

California requires that this initial System Improvement Plan address any Safety outcomes needing improvement, as well as other outcomes selected by the county from the Self-Assessment. The Community System Improvement Plan workgroup was composed of many of the same individuals and agencies, organizations, etc. who participated in the Self-Assessment workgroup. The highlights of the System Improvement Plan proposed for this cycle are:

- In those geographic areas identified as "high CPS referral" areas, work to increase availability of services to families by expanding local community-based collaboratives.
- Prior to CPS case closure, provide formal and informal linkages to community resources in order to prevent recurrence of maltreatment.
- Community and CPS work to utilize a common risk assessment tool to facilitate the obtaining of appropriate services for families.

- Continue to work with local law enforcement agencies on our common cases to appropriately identify those children requiring assistance.
- CPS, substance abuse providers, community agencies work together to build up service availability to relieve waiting lists so families receive timely services.
- CPS will create intensive family maintenance services units to link with family resource centers to better serve families.
- CPS and CalWORKs to work together on referrals to prevent maltreatment.
- CPS and outlying community service partners work to provide accessible, culturally, linguistically, and cognitively appropriate parenting classes.
- CPS and community partners to develop a Differential Response program to take the place of our traditional Emergency Response program.
- Address data entry issues by monitoring for accuracy and timeliness.
- CPS to research the Family to Family program to develop neighborhood foster care thus enhancing the stability of children. (They keep their same friends, stay at same school, church, etc.)
- Decrease the number of placement changes by developing a placement crisis team to address emergency placement issues which may require a change of placement.
- CPS to work on developing case plans for families that are “time-released” so parents can focus on what is most important first.

The California Child and Family Services review has required Child Welfare Services and the County Probation Department to partner in this process. However, outcomes for probation foster youth continue in development, so this initial System Improvement Plan focuses primarily on Child Welfare Services. Both agencies have mutual interest in placement resources and services for emancipating youth. As the System Improvement Plan is a three-year plan with annual updates required, Child Welfare Services and Probation will meet regularly to review progress and make adjustments to the plan.

These annual updates of the System Improvement Plan will be reported to the Board of Supervisors, our service partners, and the general community.

PARTICIPANTS IN AB636 SYSTEM IMPROVEMENT PLAN

NAME

AGENCY/ORGANIZATION

Howie Acosta	KC Department of Human Services
Lily Alvarez	KC Mental Health
Linda Arnold	Foster Parent
Bill Carter	Housing Authority of Kern County
Bethany Christman	KC Department of Human Services
Deanna Cloud	KC Mental Health Department
Gregory Colver	Parent
Tom Corson	Kern County Network for Children
Charlotte Daniel	Parent
Treva Elliot	Assemblyman Kevin McCarthy's Office
Sheri Ellis	Community Action Partnership for Kern
Jennifer Endes	United Way
Betty Erickson	Barbara Patrick, Board of Supervisors
Kristy Fitzgerald	Ray Watson, Board of Supervisors
Luz Florez Wren	Central CA Regional Training Academy
Yolonda Gay	KC Sheriff's Department
Beth Gong	KC Probation Department
Kris Grasty	KC Department of Human Services
Carl Guilford	KC Department of Human Services
Cheryl Guilleme	Catholic Healthcare West
Mary Halberg	Bakersfield College
Judith Harniman	First Five
Paula Herrington	KC Probation Department
Carolyn Hill	Haven Counseling
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John Horn	California Youth Connection
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Kathy Lochrie	KC Department of Human Services
Glenda Love	KC Department of Human Services
Randy Marshall	Bakersfield Police Department
Randy Martin	Covenant Community Services
Wesley Neal	KC Superintendent of Schools
Kathy Orren	Court Appointed Special Advocate

Brian Parnell
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Andy Stanley
Teri Tuck
Ann Weber
Curt Williams
Hope Youngblood

KC Department of Human Services
KC Department of Human Services
Kernville School District
KC Department of Human Services
KC Department of Human Services
KC Department of Human Services
Assemblyman Kevin McCarthy's Office
KC Department of Human Services
Mountain Community FRC
KC Department of Human Services
KC Department of Human Services

I. SIP Narrative

1. Local Planning Bodies

Representatives for local planning bodies were assigned to focus on specific outcome indicators. For Outcome Indicator **1A** and **1B**, Recurrence of Maltreatment, the following agencies were represented:

Clinica Sierra Vista: Has a contract with Kern County Mental Health to provide services to clients in outlying areas. Clinica offers comprehensive programs in clinical nutrition, WIC, adolescent family life and Cal-Learn, pregnancy prevention services, behavioral health services, substance abuse prevention and education services, comprehensive prenatal and special infant mortality reduction programs, medically vulnerable infant programs, special programs aimed at battered women, abused children, and efforts to reduce domestic violence, HIV/AIDS and HOPWA, and the underserved migrant and seasonal farm worker population.

Catholic Healthcare West: Provides services throughout Kern County. They cover basic needs for families (i.e. food, clothes, job training that teaches responsibility and homemaker care training). They also provide special healthcare programs and an after school program that includes a tutoring program.

Community Action Partnership: Kern Parent Child Center case manages about 800 cases per year. Funding targets children less than five years of age. CAP operates 62 Head Start Centers in Kern County, which has a family advocate that works at each site. There is also a homeless program which provides case management services with no age criteria. Parenting classes are also offered.

Kern County Network for Children: Leads 20 collaboratives in the County as a resource for families in the area. They are a clearly-defined mechanism for linking children and families to health, human, mental health, employment, and other services while empowering them to become self-sufficient. Successful case management systems are built upon interagency partnerships, primarily funded with redirected resources and utilization of paraprofessionals (family advocates) to link families with services.

Parents: Parents who have children in and out of the Child Welfare System were represented in this group. Two parents attended the meeting and added insight from the perspective of a parent who has been through “the system.” They provided opinion on substance abuse class quality, parenting classes and investigations.

Bakersfield Police Department: Sixty percent or more of the referrals to Child Welfare Services originate with law enforcement. Bakersfield Police Department has weekly meetings with a department supervisor who is available to give previous history on a family or reviews cross-reports for child abuse or neglect. Bakersfield Police Department has 50 vacancies and is operating short staffed.

United Way: Funds for “Help Line” are provided by United Way. Help Line is available to anyone in the community who is trying to locate an available service. There is a push to update Help Line and make it available for longer periods of time. A goal of United Way is to bring the 2-1-1 number to Kern County which would be available 24 hours a day.

Social Service Staff: Social Service Workers and Supervisors worked in each workgroup to answer questions about the Department’s policies and practices. Supervisors were responsible for data analysis.

Kern River Valley Collaborative: One of the Network’s 20 collaboratives, they are well organized and work well within the community. They offer such services as in-home parenting, budgeting and nutrition, and monitoring of student absences and immunizations. They monitor chronic cases and maintain contact. The collaborative offers parenting by trained facilitators, as well as referral services to case-managed families, which includes some families who have monthly visits.

The group assigned to Outcome Indicator 2C , Timely Social Worker Contact with Child, and Outcome Indicator 3C , Stability of Foster Care Placement, were made up of representatives from the following agencies and organizations:

Kern County Juvenile Probation: Child Welfare Services works very closely with Juvenile Probation in Kern County. Many of the children involved in one system may also be involved with the other system at some point. Juvenile Probation experiences many of the same placement issues and their input was vital in the development of this System Improvement Plan.

Housing Authority of the County of Kern: A representative from the local Housing Authority was assigned to this workgroup. The Department provides housing assistance to low-income individuals and has many clients in common with Child Welfare Services. The representative was also uniquely qualified to participate on this workgroup due to his previous employment in Child Welfare Services.

Court-Appointed Special Advocates: CASAs work closely with our children and see the effects of frequent placement changes on our foster children. The representative for CASA was able to provide input from a children’s perspective as we discussed these outcome indicators.

Adoptions: The Program Director and a Supervisor of the Adoptions Division were represented on this workgroup. The Adoption Agency in Kern County is housed separately but is run by the Department of Human Services.

Family Services, DHS: A social worker who is currently carrying a caseload of Family Maintenance and Family Reunification cases was a part of this workgroup. The worker was able to provide information to the group about the effectiveness of current policies and feedback to the group about the feasibility of the suggestions that were made by the team.

Internal Audit Division, DHS: Conducts routine audits of Child Welfare policy and procedures. The division also reviews high-profile cases at the request of the Director of the Department of Human Services.

Foster Parent: A foster parent who provides care to foster children with special medical needs was included in this group. She gave examples of how foster parents can work closely with a birth parent for the benefit of a child and the success of reunification.

Representatives from the Office of Kevin McCarthy: A representative from his office was at each of the meetings held. The representative reported that she learned a lot about the Child Welfare System and provided a report to the assemblyman with her findings and recommended changes to the system.

The group assigned to develop a plan for improvements for Outcome Indicator 2A , Recurrence of Abuse and Neglect in Homes Where Children Were Not Removed, was made up of the following agencies and organizations:
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Kern County Department of Human Services: Representatives on this committee reflected expertise across the agency. Employment Assistance, Financial Assistance, and Child Welfare programs were each represented. A focus of this group was on coordinating in-house services for clients across programs.

Kern County Sheriff's Department: A representative was present at each of the meetings. The sheriff's commander also meets with the Department's management to discuss issues that affect both departments. A Department supervisor converses with the Sheriff's Department for information on what constitutes child abuse and neglect.

Covenant Community Services: This is a local foster family agency. In addition, the agency provides TBS/IBS services in conjunction with Kern County Mental Health.

First 5 Kern: Uses Prop. 10 money to improve services in the community for families and young children, and aims to maximize educational services for children within their first five years.

Kern County Board of Supervisor Ray A. Watson, Fourth District

Supervisor: Enacts ordinances, resolutions, and orders necessary for governing the affairs of the County.

Kern County Mental Health: Provides various counseling services throughout Kern County such as crisis intervention, substance abuse counseling, parenting classes and counseling for sexual and physical abuse. Kern County Mental Health also participates on many multidisciplinary teams.

Bakersfield College: The college provides educational services for the Independent Living Program and various in-house training, as well as providing a component of foster parent training.

Central California Regional Training Academy: Provides statewide training and educational services particular to Child Welfare Services. All social workers are required to attend the training. AB636 requires the inclusion of a member of the academy to participate in the County's System Improvement Plan.

California Youth Connection: Involves current and emancipated foster youth who provide education and information to all foster youth while advocating for foster youth's rights.

The entire group assisted in developing a plan for Outcome Indicators 3F and 3G , Rate of Foster Care Re-Entry.

2. Share Findings that Support Qualitative Change

Information was gathered using a variety of methods. Kern County used data from Census 2000 on the County's profile. Educational information was obtained from Census 2000, as well as California's Standardized Testing and Reporting (STAR). Kern County Network for Children's 2004 Report Card also had information on the County's profile and services.

Detailed data for the outcomes was obtained from the U.C. Berkeley web site per the suggested files noted in the "County Self-Assessment User's Guide." The Berkeley web site supplied data, within specific timeframes, for ethnicity, age, and gender. Within the Department, reports were run on Business Objects identifying the geographic areas that had a high incidence of referrals. Race, age, and ethnicity further defined these areas. These reports were done for the same timeline as the outcome that was measured. The graphs were made from the tables on the U.C. Berkeley web site.

Information on staffing characteristics for the Department was obtained from Kern County Personnel and from historic bureau charts from the same time period. Social worker training facts were obtained from Staff Development.

All of the County's policies were reviewed with attention paid to the policy's effect on our outcome measure.

Safe Measures statistics were reviewed for corresponding outcome time measurements, such as timely social worker contacts and case plan compliance. Information was requested from all social service supervisors and community partners as to the reasons for the numbers on the outcomes. Research indicated some of the areas that were out of compliance had to do with CWS/CMS data entry errors or the lack thereof.

Information was also gathered through several focus groups. AB636 was discussed at the monthly Manager/Supervisor Meeting and the group reviewed the outcome indicators and offered suggestions for change. A presentation was also made at a monthly collaborative meeting which is made up of representatives from all of the local Family Resource Centers. Feedback was received from these community partner agencies and was incorporated into the Self-Assessment, as well as the System Improvement Plan. The local Parent Leadership Task Force, which is made up of parents, social workers, and supervisors, provided suggestions for change in their biweekly meetings. Two members also attended the AB636 Work Group Meetings and provided input on the System Improvement Plan.

3. Summary Assessment

The Self-Assessment report of Kern County's Child Welfare Services addressed the Outcomes and Indicators, as well as local system characteristics as required per AB 636. Kern's Self-Assessment for the California Child and Family Services Review (C-CFSR) was completed with input from representatives of the following:

Kern Regional Center
Foster Parent Association
Housing Authority of Kern

Kern County Mental Health
Kern County Sheriff's Department

Clinica Sierra Vista

Employers' Training Resource
Bakersfield Homeless Center
California Youth Connection

Tribal TANF
Ebony Counseling
California Social Worker
Education Center (CalSWEC)
Haven Counseling
Kern Child Abuse Prevention
Council
Kern County Network for
Children
Prop-Ten / First Five
Bakersfield College
Kern County Health Dept.

Mexican American Opportunity Foundation
Court-Appointed Special Advocate
Probation Dept.
Bakersfield Police Dept.

Kernville School District
Alliance on Family Violence

Parent/Grandparent

United Way
Kern County Supt. of Schools
Juvenile Court
Kern County Board of
Supervisors
City of Ridgecrest
Dept. of Human Services –
CalWORKs
Local State Legislators Offices

The assessment is structured per AB636 guidelines as issued by the California Department of Social Services. There are four focus areas as well as a summary. These four focus areas are: (1) Demographic Profile and Outcomes Data – This section includes the County Data report compiled and provided by CDSS. It also includes Child Welfare participation rates, outcome indicators, process measures and caseload demographics. An analysis on each of these is included in this area. Also included is a discussion of the demographics of the general population. A profile of the education system in Kern County is also presented. (2) Public Agency Characteristics – This section describes the county, community and our CWS environment. It includes a description of the CWS agency, employees and current system reform efforts. (3) Systemic Factors – Federally identified systems involved in the delivery of CWS services are discussed in this section. It includes relevant management information systems, Kern County's system for case review, licensing of foster/adoptive homes, the recruitment and retention of foster parents, our quality assurance system, the service array available in Kern County, staff training and agency collaborations. (4) Prevention Activities and Strategies – This section discusses current countywide primary prevention efforts and strategies to improve outcomes for our high-risk populations.

The assessment identifies areas of strong performance and areas needing improvement. The remaining areas will be a focus in the next C-CFSR cycle, three years from now. As participation in a Peer Quality Case Review in this cycle is on a voluntary basis, Kern County is opting to forego participation at this time.

An area, which shows as a strength for Kern County, is under the outcome *“Children are, first and foremost, protected from abuse and neglect.”* One indicator gave data that showed Kern County was very low in the incidents of child abuse and neglect in our foster care system.

Another area of strength which correlates to this one is under the outcome *“Children are maintained safely in their homes whenever possible and appropriate.”* Kern had a very strong rate of performance on timeliness of response to referrals for abuse or neglect. The data indicated we had a rate of

96.1 percent compliance on immediate referrals and 93.1 percent on 10-day referrals.

Kern has strength in our performance under the outcome *“Children have permanency and stability in their living situations without increasing reentry into foster care.”* For most of the indicators measuring the length of time to exit foster care, Kern out performs the rate of the State.

Kern has strength also in the area of the outcome *“The family relationships and connections of the children served by the CWS will be preserved, as appropriate.”* Kern’s rate of performance is on a par with the State in the placement of siblings together in foster care. We are strong in our performance of placing children in the least restrictive setting; close to 40 percent of our placements in foster care are with kin. Approximately 61 percent of our ICWA (Indian Child Welfare Act) placements are with kin compared to 40 percent statewide.

An additional area of strength is the last outcome *“Youth emancipating from foster care are prepared to transition to adulthood.”* Of the 102 youth that emancipated from foster care last year, 70 graduated from high school. This is approximately a rate of 70 percent, which is above the statewide rate of approximately 60 percent. In addition, one third (33) were enrolled in higher education after emancipation. Of the 102, approximately 80 percent (81) youth were employed or had other means of support at the time of their emancipation.

According to the data, one area requiring improved performance is in meeting the outcome *“Children are, first and foremost, protected from abuse and neglect.”* Kern’s participation rate for children in the county with referrals was 91 per 1000. This almost doubles the State rate of 57.4 per 1000 children. In addition, the rate of children in the County with substantiated referrals is 24.1 per 1000, while the rate for the State is 12.21 per 1000. Again, the rate is almost double that of the State. Whether this is a strength or an area needing improvement can be debated. Kern County has made a strong emphasis in our community to report child abuse, thus resulting in more referrals. To have a low rate of referrals in a county does not necessarily equate to a conclusion of “low rates of child abuse.” It could just as easily mean that those counties do not do a good job of reporting child abuse and neglect. Kern’s substantiation rate may also be considered either as a strength or as a need for improvement.

A second part of the above outcome is the recurrence of maltreatment as indicated in Outcome Indicators 1A and B. Kern’s rate per recurrence of maltreatment exceeds the State’s performance on these measures.

Under the outcome *“Children are maintained safely in their homes whenever possible and appropriate,”* the data indicates Kern needs to improve the indicator

for rate of recurrence of abuse and neglect in homes where children were not removed.

For the outcome *“Children have permanency and stability in their living situations without increasing reentry to foster care,”* Kern needs to improve in the area of foster care re-entry.

In the area of Systemic Factors there are both areas of strength and areas needing improvement in Kern County. Kern has a strong belief in and dedication to collaboration. The Kern County Network for Children has long been held up as the example statewide as to how communities can come together for the benefit of their children. The groundwork for interagency communication, connections to community-based organizations and family resource centers is well established. One proposal to enhance services and accessibility for our community’s families is to develop a common referral instrument, which will also facilitate “feedback” to the referring party.

Kern’s CWS program has a strong connection with the Juvenile Court. The Juvenile Agency Meetings (JAM) are a strength, as problems in the court process have been resolved through this multiagency group.

Kern County contracts with Community Care Licensing to do our own licensing of foster family homes, we consider this a strength for our county. Recruitment and retention efforts are underway with two part-time staff dedicated to these tasks. Kern has its own Staff Development office, which offers a wide array of CWS topics as well as a standard module of induction training for new social workers. We draw on the resources of the Central California Training Academy as well as the U.C. Davis Human Services Training staff to enhance the training that is offered to CWS staff.

As a result of this AB636 analysis process, the importance of accuracy and timeliness of data entry has become clear. The use of Safe Measures in our County enhances our ability to provide oversight and quality control of our work. Training is being developed for our staff as areas needing improved data entry are identified.

Prevention partnerships are in place to address child abuse and neglect. As mentioned earlier, the Kern County Network for Children funds services through CAPIT and PSSF monies. Schools provide free breakfast and lunch programs and mentoring programs. The schools partner with Juvenile Probation to provide gang intervention, substance abuse prevention programs, and early intervention programs. Family Resource Centers and Healthy Start sites provide a multitude of family support services. It is anticipated that the Family Resource Centers will be an integral part of Kern County’s implementation of Differential Response in the CWS Redesign. CalWORKs provides early prevention efforts through cash assistance, Medi-Cal, food stamps and employment services.

Strategies that Kern County CWS are implementing or have already implemented are: Family Decision Meetings throughout the life of the case, SB 163 Wraparound services, MIST, Multidimensional Treatment Foster Care, High Risk Infant Program, Parents Anonymous Leadership Task Force, Specialized Placement Program which targets children with specified behavioral difficulties, and the Alternative Response Team (ART) pilot project in the East Kern geographic area.

Kern County is proactive in quality assurance efforts. In addition to our internal audit program, the Department has instituted a COSO (Committee of Sponsoring Organizations) program, which is a process of risk evaluation and corrective action which involves all levels of the Department in recognizing the need to safeguard fiscal assets, but also the reputation and professional integrity of the organization. Kern is one of only three counties participating in the Citizen Review Panel project. Child Welfare Services participates in the County's Child Death Review Team meetings. Child Welfare Services has obtained the Safe Measures software program that creates reports for monitoring social workers' compliance and provided it to all CWS supervisors and managers.

Kern County is a large, diverse community with numerous challenges for our families. We are also a community that cares about the safety of our children. We have a strong foundation for collaboration across our County. Improving outcomes for families and children is our first priority as discussed in this assessment report. We will also develop and implement a differential community response model for preventative Child Protective Services cases to address the needs of our families. Kern County has learned that *together* this community does what it needs to do to get the job done.

II. SIP Components

Kern's specific plan components and timeframes are listed on the attached templates. The templates were provided by the State Department of Social Services and are the required format for presenting the System Improvement Plan.

(see attached)

Outcome/Systemic Factor: 1A (Federal) and 1B (State) recurrence of maltreatment. Percent of children who were victims of child abuse/neglect with subsequent substantiated report of abuse/neglect within specific time periods.					
County's Current Performance: The County is currently performing at 14.7% for 1A. For 1B (recurrence of maltreatment within 12 months) at 19.1%. Another 1B (recurrence of maltreatment within 12 months after first substantiated allegation) is 16.7%.					
Improvement Goal 1.0 – Decrease the percentage of recurrent referrals for abuse and neglect. Improvement goal .90%					
Strategy 1. 1 – Increase services in areas of high abuse and neglect			Strategy Rationale¹ – Adequate linkage with services will lead to less recurrence of abuse and neglect.		
Milestone	1.1.1A – Explore the use of Geographic Information Services (GIS) software, create a map identifying specific neighborhood pockets of child abuse in order to target those areas with enhanced prevention and intervention service.	Timeframe	1 year (09/01/04 to 09/01/05)	Assigned to	Kern County Network for Children, Community Partners and Local Collaboratives
	1.1.1B – Develop our 2005-2009 PSSF and CAPIT plan for prevention and intervention based on these findings.		7 months (09/01/04 to 02/28/05)		
	1.1.2 – Expand local community-based collaboratives through the implementation of the KCNC Accreditation process for local collaboratives to enhance Kern's integrated service delivery system of providing strength-based case management services. These collaboratives will provide a range of direct services; utilize a uniquely designed, comprehensive case management system that utilizes a multi-disciplinary team approach; have a carefully developed network of linkages that weave together a continuum of services, which expands community participation and imposes responsibility for child safety and family well-being. There will be a required range of prevention and early intervention strategies to be utilized.		5 months (10/01/04 to 03/31/05)		Kern County Network for Children, Community Partners, and Local Collaboratives

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	1.1.3 – Obtain permission from partner agencies to relocate Social Workers to schools/collaboratives.	Timeframe	2 months (01/01/05 to 02/28/05)	Assigned to	Local Collaboratives, School Districts, Kern County Network for Children, Kern County Superintendent of Schools, and Kern County Department of Human Services
	1.1.4 – Move Social Workers and set up at school site in high referral areas.		2 months (03/01/05 to 05/31/05)		Local Collaboratives, School Districts, Kern County Network for Children, Kern County Superintendent of Schools, and Kern County Department of Human Services
Strategy 1.2 – Decrease the number of referrals by cross-reporting telephone calls to community collaboratives or other county agencies.			Strategy Rationale – Not all calls to the child abuse hotline have to be made into a referral. Services and family follow-up can be implemented through other service providers thereby decreasing the number of incoming referrals.		
Milestone	1.2.1 – Increase the number of mandated reporter training held throughout our county as well as provide monthly opportunities designed to assist and support service providers surrounding issues ranging from successful case management techniques to program evaluation strategies.	Timeframe	1 month (01/01/05 to 01/31/05)	Assigned to	Kern County Department of Human Services, Kern County Network for Children, Kern County Child Abuse Council
	1.2.2 – Review the current mandated reporter response system to ensure mandated reporters receive the appropriate follow-up response and make changes as appropriate.		3 months (01/01/05 to 03/31/05)		Kern County Department of Human Services, ER Hotline Staff, Community Partners
	1.2.3 – Develop training and feedback procedures for the child abuse hotline, community services and on-call staff to evaluate telephone calls for an alternative response.		12 months (10/01/04 to 09/30/05)		Kern County Department of Human Services, Staff Development, Kern County Network for Children, Community Partners

Milestone	1.2.4 – Train hotline staff, community partners, and on-call staff.	Timeframe	5 to 12 months (09/30/05)	Assigned to	Emergency Response Supervisor of Hotline, Staff Development
	1.2.5 –Track the number of calls taken for information and referral.		5 to 12 months (09/30/05)		Emergency Response Supervisor of Hotline
Strategy 1. 3 – Provide formal and informal linkages to community resources prior to case closure in an effort to prevent recurrence of abuse or neglect.			Strategy Rationale – Kern County’s baseline showed recurrence of abuse or neglect increased in frequency as time passed. Follow-up care should reduce the rate of recurrence.		
Milestone	1.3.1 – Develop a procedure, including confidentiality compliance, to refer clients to collaboratives in the area after CPS closes the referral/case.	Timeframe	6 months (03/31/05)	Assigned to	Kern County Network for Children and Kern County Department of Human Services (KCDHS) AB636 Team
	1.3.2 – Visit the Compton Project to observe their application of Differential Response.		3 months (10/01/04 to 12/31/04)		Assistant Director, Program Director, Kern County Network for Children
	1.3.3 – Establish and implement a policy for CWS Social Workers to meet with parent and family advocate to discuss needs at the time of closure. (Family Decision Meetings may be used to facilitate this.)		3 months (12/31/04)		KCDHS AB636 Team, Kern County Network for Children, ER Staff, CWS Program Director
Milestone	1.3.4 – Referral feedback from the advocate will be passed onto the Social Worker that attends the area collaborative. Social Worker will forward information to Emergency Response Supervisor for review.	Timeframe	4 to 12 months (09/30/05)	Assigned to	KCDHS AB636 Team, Kern County Network for Children, ER Staff, CWS Program Director
Strategy 1.4 – A common risk assessment tool will lead to uniform services for clients in the County.			Strategy Rationale – Community and County services should have a risk assessment tool that is uniform or the results of which are comparable. The County uses SDM.		
Milestone	1.4.1 – Dialogue with collaborative and community partners to obtain an assessment tool for review of its use.	Timeframe	2 months (10/01/04 to 11/30/04)	Assigned to	KCDHS AB636 Team, Kern County Network for Children, Community Services

Milestone	1.4.2 – Meet with collaborative and community partners and decide on an assessment tool that could be uniformly used by community and law enforcement agencies.	Timeframe	12 months (10/01/04 to 09/30/05)	Assigned to	KCDHS AB636 Team, Kern County Network for Children, Community Services, Law Enforcement
	1.4.3 – Collaborative team to distribute common assessment tool to agencies with instructions on when to use and follow up.		3 months (10/01/05 to 12/31/05)		KCDHS AB636 Team, Kern County Network for Children, Community Services, Law Enforcement
Strategy 1.5 – Decrease the number of referrals by working with law enforcement agencies to divert children being placed in the children’s emergency shelter (Jamison Children’s Center).			Strategy Rationale – Half to two-thirds of the Children’s Center protective custody admissions are by law enforcement. If alternative measures to placing a child into protective custody could be found, the rate of referrals and recurrence would decrease.		
Milestone	1.5.1 – Meet with appropriate law enforcement staff to explore whether or not diversion of children from Jamison Children’s Center is possible.	Timeframe	1 year (09/30/05)	Assigned to	KCDHS AB636 Team, Law Enforcement Representatives
	1.5.2 – Educate law enforcement training staff and request that social service worker staff be part of the training.		1 year (09/30/05)		KCDHS AB636 Team, Law Enforcement Representatives
Improvement Goal 2.0 – The community will have more drug/alcohol relapse prevention programs than are currently available with an increase of communication between service providers.					
Strategy 2.1 – Decrease the recurrence of drug abuse by developing more and better substance abuse programs in the areas in need.			Strategy Rationale – Kern County has a conservative view on drug use. County policy dictates that a child will be placed into protective custody after two dirty drug tests. We have few programs that offer aftercare or relapse prevention. Develop a referral system between providers to ensure waiting lists are kept to a minimum.		
Milestone	2.1.1 – Contact all substance abuse programs via letter requesting information on cost and waiting lists.	Timeframe	1 year (09/30/05)	Assigned to	KCDHS AB636 Team and Community Services
	2.1.2 – Meet with substance abuse counseling centers in areas of highest number of referrals to encourage development of additional services.		1 year (09/30/05)		KCDHS AB636 Team and Community Services

Milestone	2.1.3 – Develop referral process among counseling centers to ensure waiting lists are kept to a minimum.	Timeframe	1 year (09/30/05)	Assigned to	KCDHS AB636 Team and Community Services
<p>Describe systemic changes needed to further support the improvement goal.</p> <p>Evaluate County’s policy on tolerance for substance abuse. Law enforcement agencies’ culture needs to include more family-centered decision making during incidents involving children. ★</p>					
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <p>Technical assistance will be needed to obtain permission from the State to move CWS/CMS offsite, or obtain enough laptop computers for each worker at various locations. Install telephone lines if cellular phones cannot transmit in location (e.g. Lake Isabella). The Kern County Department of Human Services staff will have to be trained in new procedures. Training will also be needed for law enforcement agencies and collaborative partners.</p>					
<p>Identify roles of the other partners in achieving the improvement goals.</p> <p>The Kern County Network for Children will play a large role in the development of new collaboratives and the accreditation of the collaboratives. The schools and Family Resource Centers will develop a partnership with child welfare through co-location of staff. Law enforcement partnerships with child welfare will be strengthened.</p>					
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>Confidentiality/HIPPA will need to be addressed to facilitate communication about families with out community partners to ensure appropriate services are provided.</p> <p>The Welfare and Institutions Code regarding the 48-hour detention of a child needs to be extended for sufficient investigation and service planning to best address the family’s needs.</p> <p>The timeframe for case planning should be increased from 30 days to 60 days to allow for the inclusion of the family and other family support in developing a thorough case plan.</p>					

★= The culture of DHS staff needs to shift to community- and strength-based approach.

Outcome/Systemic Factor: 2A Recurrence of abuse/neglect in homes where children were not removed					
County's Current Performance: Our current performance is 15.6%. In completing the Self-Assessment, we identified the following elements contributing to this outcome: lack of staff resources to address low and moderate risk families; drug relapse; client difficulty in accessing resources due to geographic and cultural/language barriers; and lack of communication between CWS and other agencies/service providers working with clients.					
Improvement Goal 1.0 – CWS will effectively link with existing resources to provide ongoing services to low and moderate risk referrals.					
Strategy 1. 1 – Investigate the feasibility of creating a Voluntary Family Maintenance (VFM) Unit under a different name that utilizes Family Resource Centers (FRC) as its primary link.			Strategy Rationale² – Existing VFM resources are inadequate. Expanding resources and use of FRCs can improve level of ongoing services provided to families.		
Milestone	1.1.1 – Determine fiscal feasibility and move forward with proposal if positive.	Timeframe	1 month (10/31/04)	Assigned to	KCDHS AB 636 Program Director
	1.1.2 – Establish cooperative MOUs with the Family Resource Centers.		6 months (10/01/04 to 03/31/05)		KCDHS AB 636 Team, FRCs
	1.1.3 – Hire and train social workers for this approach.		6 months (10/01/04 to 03/31/05)		KCDHS Personnel, VFM Supervisor
Strategy 1. 2 – Develop FRC liaison who automatically refers moderate-risk referrals to an FRC and manages feedback to CPS for updates on services provided to families.			Strategy Rationale – CWS and FRCs do not always communicate on shared families. Improved linkage can result in less families dropping through the cracks.		
Milestone	1.2.1 – KCDHS CWS to select liaison and train.	Timeframe	4 months (10/01/04 to 01/31/05)	Assigned to	CWS Management Team
	1.2.2 – FRC to select liaison for CPS.		4 months (10/01/04 to 01/31/05)		FRC Management
	1.2.3 – Liaisons meet to establish and implement procedures and protocols.		3 months (02/01/05 to 05/31/05)		KCDHS and FRC

² Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 3 – Develop policy mandating ER Staff contact with CalWORKs SSW staff on CalWORKs linked referrals within 45 days and refer lower risk cases to CalWORKs for follow-up.				Strategy Rationale – CalWORKs SSW staff work with families services by ER but do not know CPS referral was received. CalWORKs can provide ongoing services to these families to help prevent recurrence.			
Milestone	1.3.1 – Formulate committee to establish policy.	Timeframe	1 month (11/30/04 to 12/31/04)	Assigned to	CWS/ER, Program Manager, CalWORKs Manager		
	1.3.2 – Develop policy and procedure.		1 month (12/31/04 to 01/31/05)		CWS/ER, Program Manager, CalWORKs Manager		
	1.3.3 – Training, implementation, and monitoring.		1 month (01/31/05 to 02/28/05)		CWS/ER, Program Manager, CalWORKs Manager		
	1.3.4 – Reevaluate.		1 month (02/28/05 to 03/31/05)		CWS/ER, Program Manager, CalWORKs Manager		
Improvement Goal 2.0 – CWS families in outlying areas of Kern County will receive culturally, linguistically, and cognitively appropriate parenting classes.							
Strategy 2.1 – Explore funding for parenting classes in the outlying areas that are culturally, linguistically, and cognitively appropriate.				Strategy Rationale – Existing resources lacking in outlying areas. Additional funding will help provide relevant parenting classes in the outlying communities.			
Milestone	2.1.1 – Assess fiscal program currently in place.	Timeframe	3 months (10/01/04 to 12/31/04)	Assigned to	KCDHS AB636 Team, Accounting Staff		
	2.1.2 – If funding feasible, consider RFP for contracted services, or consider in-house provision of services.		3 months (01/01/05 to 03/31/05)		KCDHS AB636 Team, Contracting Office		
	2.1.3 – Contract for services to monitor contract.		12 months 04/01/05 to 03/31/06)		CWS Program Director, Contracting Office		
Strategy 2. 2 – Evaluate use of Internet, mobile, video, and other technological services for outlying areas.				Strategy Rationale – Due to remoteness, parenting classes can be difficult to access in outlying areas. Technology may help bridge this gap.			
Milestone	2.2.1 – Assess available technology.	Timeframe	6 months (10/01/04 to 03/31/05)	Assigned to	KCDHS AB636 Team, ICS Staff		
	2.2.2 – Determine Best Choice.		1 month (04/01/05 to 04/30/05)		KCDHS AB636 Team, ICS Staff		
	2.2.3 – Implement.		5 months (05/01/05 to 09/30/05)		KCDHS AB636 Team, ICS Staff		

Improvement Goal 3.0 – CWS staff will effectively use motivational and engagement techniques to motivate clients toward recovery.					
Strategy 3.1 – All CWS staff will receive training on motivating and engaging clients toward recovery.				Strategy Rationale – Clients need motivation to move toward recovery and training CWS staff on motivation can help them more effectively motivate clients.	
Milestone	3.1.1 – Identify training provider	Timeframe	2 months (10/01/04 to 11/30/04)	Assigned to	KCDHS Staff
	3.1.2 – CWS staff receive training		2 months (12/01/04 to 01/31/05)		KCDHS Staff
Strategy 3.2 – Measure use of motivational and engagement techniques and impact on client recovery.			Strategy Rationale – If we do not measure use and impact of techniques, we will not know whether it is having the intended impact.		
Milestone	3.2.1 – Develop survey instrument	Timeframe	3 months (02/01/05 to 05/31/05)	Assigned to	KCDHS AB636 Team
	3.2.2 – Develop CWS/CMS report		3 months (02/01/05 to 05/31/05)		KCDHS AB636 Team, CWS/CMS Report Staff
Improvement Goal 4.0 – CWS staff will appropriately utilize alternative/differential response					
Strategy 4.1 – Develop a policy manual for alternative/differential response.			Strategy Rationale – Staff need resource on appropriate use of alternative/differential response.		
Milestone	4.1.1 – Convene group to begin a discussion about Differential Response utilization information from laboratory counties.	Timeframe	2 months (10/01/04 to 11/30/04)	Assigned to	KCDHS AB636 Team, Kern County Network for Children, Community Collaborative
	4.1.2 – Protocol and policy manuals in place		6 months (12/01/04 to 05/31/05)		KCDHS AB636 Team, Kern County Network for Children, Community Collaborative
	4.1.3 – Develop and present training to identified staff		4 months (04/01/05 to 07/31/05)		KCDHS AB636 Team, Kern County Network for Children, Community Collaborative

Strategy 4.2 – Measure compliance with the alternative/differential response policy.			Strategy Rationale – We do not know how consistently we are currently applying alternative/differential response and need to measure progress.		
Milestone	4.2.1 – Develop CWS/CMS report track of referrals to CPS after differential response.	Timeframe	3 months (08/01/05 to 10/31/05)	Assigned to	KCDHS CWS/CMS Report Staff
	4.2.2 – Monitor by supervision review		Ongoing		CPS Supervisor Staff
Strategy 4.3 – Conduct a customer survey to evaluate the effectiveness of alternative/differential response.			Strategy Rationale – We need to determine client’s perspective on effectiveness of alternative/differential response.		
Milestone	4.3.1 – Compose survey	Timeframe	4 months (04/01/05 to 07/31/05)	Assigned to	KCDHS AB636 Team
	4.3.2 – Issue Survey		1 month (09/01/05 to 09/30/05)		KCDHS
	4.3.3 – Compile reports and evaluate		3 months (09/01/05 to 11/30/05)		KCDHS AB636 Team, Kern County Network for Children, FRC
Describe systemic changes needed to further support the improvement goal.					
Child welfare staff must make a cultural shift from traditional social worker to nontraditional social worker, which includes sharing responsibility with the family, our collaborative partners and the community.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
Staff will need to be educated in methods of nontraditional social worker.					
Identify roles of the other partners in achieving the improvement goals.					
Community-based and faith-based organizations will need to identify and develop sources to ensure sustainability of programs.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					
Revise local policies to reflect family-centered and strength-based practices.					

Outcome/Systemic Factor: 2C Timely Social Worker Visits with Child					
County's Current Performance: 04/03 – 65.9%, 05/03 – 69.7%, 06/03 – 74.1% (from 04/03 improved by 8.2%)					
Improvement Goal 1.0 – Improve 10% in one year to 84.1%. Improve timely Social Worker visits with child by 10% in one year.					
Strategy 1. 1 – Improve outcome indicator by more accurately and timely entering of data into the CWS/CMS application.			Strategy Rationale³ – Correct data will reflect a child's increased safety by timely Social Worker visits. Once data clean up has been completed, it will become clear where contacts are not actually being made and will be addressed by the supervisor.		
Milestone	1.1.1 – Identify service areas where the data reflects contacts are not being made.	Timeframe	09/30/04	Assigned to	CPS Staff
	1.1.2 – Approval of overtime and extra staff to complete data clean up.		09/30/04		Assistant Director
	1.1.3 – Train staff.		10/31/04		Program Specialist
Strategy 1.2 – Complete data clean up.			Strategy Rationale – Same as Strategy 1.1.		
Milestone	1.2.1 – Close backlog of adoption cases.	Timeframe	12/31/04	Assigned to	Adoptions Program
	1.2.2 – New Social Worker class will correct case plans, placement episodes, and contacts.		09/30/04		Permanent Placement Training Supervisor, Program Specialist
Improvement Goal 2.0 – Ensure correct data for contact and case plans on new and ongoing cases.					
Strategy 2.1 – Monitor correct data entry of contacts and case plans.			Strategy Rationale – Same as Strategy 1.1.		
Milestone	2.1.1 – Establish a policy and educate Supervisors on the full use of Safe Measures to monitor their workload.	Timeframe	Ongoing, monthly	Assigned to	All Social Service Supervisors
	2.1.2 – Supervisors to run Safe Measures on each caseload monthly.		Ongoing, monthly		All Social Service Supervisors
	2.1.3 – Provide copy of Safe Measures to each Social Worker monthly.		Ongoing, monthly		All Social Service Supervisors
	2.1.4 – Monitor that needed corrections are made.		Ongoing, monthly		All Social Service Supervisors

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

Describe systemic changes needed to further support the improvement goal.

The system will include additional accountability and controls to ensure contacts are being made to increase child safety. Provide training to child welfare supervisors on the use of Safe Measures as an oversight tool. ★

Identify roles of the other partners in achieving the improvement goals.

None.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None.

★ = Child welfare managers will use Safe Measures as an oversight tool of their supervisors.

Outcome/Systemic Factor: 3B and 3C Stability of Foster Care Placement					
County's Current Performance: 3B – 81.6% (Fed), 3C – 58.3% (Entry Cohort)					
Improvement Goal 1.0 – Increase the stability of foster care placement by 2%.					
Strategy 1. 1 – Increase child's stability through placing with relatives to maintain family ties.			Strategy Rationale⁴ – There is a shortage of foster homes and relative placements ensure the maintenance of family ties. The more quickly the assessment process is completed, the sooner the child can be placed, which will decrease the chances of a child being moved from home to home.		
Milestone	1.1.1 – Obtain approval to develop a relative assessment/reassessment unit made up of 9 Social Workers and one Unit Clerk.	Timeframe	09/30/04	Assigned to	CWS Assistant Director, DHS Executive Staff
	1.1.2 – Develop a relative assessment/reassessment unit.		12/31/04		CWS Program Director, DHS Personnel, CWS Supervisor
	1.1.3 – Train staff.		01/01/05 to 03/31/05		CWS Supervisor
Strategy 1.2 – Research Family to Family.			Strategy Rationale – Children who come into custody can maintain ties with their community.		
Milestone	1.2.1 – Research Annie E. Casey and Stuart Foundation Programs	Timeframe	12/31/04	Assigned to	Director and Assistant Director
	1.2.2 – Sort existing foster homes by geographic area to determine what is currently available.		12/31/04		Program Specialist
	1.2.3 – Recruit foster parents in geographic areas where most children come into care.		Ongoing		Marketing and Foster Parent Coordinators

⁴ Describe how the strategies will build on progress and improve this outcome or systemic factor

Improvement Goal 2.0 – Decrease number of placement changes by assisting to stabilize existing placements.					
Strategy 2.1 – Explore developing a Crisis Team to respond immediately to stabilize placements.			Strategy Rationale – Immediate intervention provided by professionals sustains stability for a child within his placement and decreases the number of placement changes. An immediate response will ensure foster parents feel supported by staff.		
Milestone	2.1.1 – Develop program and staffing, and approve staff to be reassigned	Timeframe	10/01/04 to 03/31/04	Assigned to	CWS Staff, Program Director
	2.1.2 – Recruit staff for specialized assignment		10/01/04 to 03/31/04		CWS Supervisor
	2.1.3 – Train staff to respond to crisis		10/01/04 to 03/31/04		CWS Supervisor
Strategy 2. 2 – Develop respite care resources for the Crisis Team.			Strategy Rationale – To deescalate a situation so a child can return to an existing placement.		
Milestone	2.2.1 – Contact existing County foster parents	Timeframe	04/01/05 to 10/31/05	Assigned to	Program Specialist
	2.2.2 – Contact FFAs		04/01/05 to 10/31/05		Program Specialist
	2.2.3 – Crisis Team to develop respite protocols.		04/01/05 to 10/31/05		Crisis Team, Supervisors
Describe systemic changes needed to further support the improvement goal.					
Changes need to be made to our marketing strategy for recruiting new foster parents. Efforts should be made to recruit through faith-based and professional organizations and businesses in the community. Use positive role models in the community for foster parent recruitment.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
The community needs to continue to be educated about the need for foster parents and the type of children who need homes. The Department and its partners need to work to dispel the negative stigma of foster children.					
Identify roles of the other partners in achieving the improvement goals.					
Our partners need to actively support community outreach.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					
None.					

Outcome/Systemic Factor: 3F (Federal) and 3G (State) – Rate of foster Care Re-entry, Includes Outcome Indicator 3B					
County’s Current Performance: Kern County has a rate of re-entry to foster care of 11.2% (Federal) and 18.2% (State)					
Improvement Goal 1.0 – Ensure family stability through supportive services at times of transition and development of services/plans to better meet the family’s need. The County’s improvement goal is 1.35%.					
Strategy 1. 1 – Provide community services to clients prior to closing the active case to give further support to the transition of independent living.			Strategy Rationale⁵ – Additional support from outside services to acquaint the parent with other means of obtaining stability when social services are no longer involved.		
Milestone	1.1.1 – Explore the means to refer clients to community services and obtain the services’ buy in for family transition. (This can be accomplished through a Family Decision Meeting.)	Timeframe	6 months (10/01/04 to 03/31/05)	Assigned to	KCDHS AB 636 Team, Community Partners
	1.1.2 – Develop referral in partners with community services.		6 months (10/01/04 to 03/31/05)		KCDHS AB 636 Team, Community Partners
	1.1.3 – Evaluate by use of survey.		Ongoing		Community Partners, CWS Staff
Strategy 1. 2 – Introduce children back into the home in phases prior to closing the case.			Strategy Rationale – Slow introduction of children into the home will reduce the stress of sudden introduction at a time of adjustment.		
Milestone	1.2.1 – Develop strategy and criteria for phasing the child’s return to the home.	Timeframe	6 months (10/01/04 to 03/31/05)	Assigned to	Program Specialist, Social Service Supervisors
	1.2.2 – Educate Staff on strategy and criteria.		1 year (10/01/04 to 09/30/05)		Social Service Supervisors
	1.2.3 – Evaluate and note effects of transitioning.		Ongoing		Social Service Workers/Community Partners
Strategy 1. 3 – Explore the possibility of restructuring parenting classes so that they are practical rather than theoretical.			Strategy Rationale – Clients report that the parenting offered by the County does not give the advice needed to handle the changes that occur when a family is reunited.		

⁵ Describe how the strategies will build on progress and improve this outcome or systemic factor

Milestone	1.3.1 – Contact court-approved organizations that do parenting to check the possibility of parenting class reform and explore the possibility of more guided visitation for FR clients and the possibility of children of FM and VFM clients attending parenting classes with parent.	Timeframe	4 months (10/01/04 to 01/31/05)	Assigned to	Program Specialist
Improvement Goal 2.0 – Increase the parents’ chance of success by developing a case plan that is more family-centered and strength-based.					
Strategy 2.1 – Include the parents and family to create a case plan that is characteristic of the family’s needs.			Strategy Rationale – Families tend to try harder if they have been involved in creating the case plan and have the support of family or friends.		
Milestone	2.1.1 – Discuss concept at Juvenile Agency Meeting	Timeframe	3 months (10/01/04 to12/31/04)	Assigned to	KCDHS Staff Development , KCDHS AB636 Team, Attorneys, Juvenile Court, County Counsel
	2.1.2 – Develop training for family-involved case plans		3 months (10/01/04 to 12/31/04)		KCDHS Staff Development
	2.1.3 – Train Social Worker staff.		4 months (01/01/05 to 04/30/05))		KCDHS Staff Development
	2.1.4 – Monitor results by parental questionnaire		12 months (05/01/05 to 04/30/06)		Social Service Workers
Strategy 2. 2 – Make the case plan time-released. Identify the client’s biggest area of need and start the case plan with that first. While maintaining the first goal, add another area of need to the case plan within a timeframe to be completed prior to the next court date.			Strategy Rationale – If a client has too much to do at one time success is not likely.		
Milestone	2.2.1 – Develop training for time-released case plans.	Timeframe	2 months (11/01/04 to 12/31/04)	Assigned to	KCDHS Staff Development
	2.2.2 – Train Social Worker staff.		4 months (01/01/05 to 04/30/05)		KCDHS Staff Development
	2.2.3 – Monitor results by parent questionnaire and time to case closure.		1 year (10/01/05 to 09/30/06)		Social Service Workers

Strategy 2.3 – As in Outcome 1A and 1B, a goal was to increase the quality and quantity of substance abuse treatment and aftercare.			Strategy Rationale – Kern County has a conservative view on drug use. County policy dictates that a child will be placed into protective custody after the parent has two positive drug tests for illegal substances. We have few programs for relapse prevention.		
Milestone	2.3.1 – Contact all substance abuse programs via letter requesting information on treatment availability and possibility of expansion especially in areas of high abuse or neglect.	Timeframe	1 year (09/30/05)	Assigned to	KCDHS AB636 team and Community Services
	2.3.2 – Meet with substance abuse counseling centers and area collaborative in areas with the highest number of referrals to encourage more substance abuse counseling and aftercare.		1 year (09/30/05)		KCDHS AB636 team and Community Services
	2.3.3 – Develop referral service to counseling centers to identify those clients most in need.		1 year (09/30/05)		KCDHS AB636 team and Community Services.
Describe systemic changes needed to further support the improvement goal.					
A shift in social work perception will have to take place to view the family as a whole and able to identify their own needs.					
Describe educational/training needs (including technical assistance) to achieve the improvement goals.					
Development of training to ensure all social work staff is trained to meet new expectations for case plan development and transition needs for case closure.					
Identify roles of the other partners in achieving the improvement goals.					
Community partners will play major rolls in transitioning parents to self-sufficiency and educating them on outside services. Further they will be supplying substance abuse counseling and parenting classes.					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.					
Juvenile court will have to approve increased visitation for transitioning the children into the home.					